

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>2/17/05</u>		2 Serial/Patent # <u>10/698,885</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/> Filing			\$
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/> Petition		<u>1/5/05</u>	\$ <u>130</u>
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ <u>130</u>
		8 TO BE REFUNDED BY:	
10 REASON:		<input type="checkbox"/> Treasury Check	
<input type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:	
<input type="checkbox"/> Duplicate Payment		<u>, 08--2025</u>	
<input checked="" type="checkbox"/> No Fee Due (Explanation): <u>Postcard proves app was filed on desired date. Office error</u> <u>refund fil.</u>			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>E. Shirene Willis</u>		TITLE: <u>Pat Atty</u>	
SIGNATURE: <u>E. Shirene Willis</u>		PHONE: <u>272-3230</u>	
OFFICE: <u>Office of Petitions</u>		*****	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: <u>Alicia Willis</u>		DATE: <u>3/8/05</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B